



MISSOURI ETHICS COMMISSION

**COMMITTEE STATEMENT OF LIMITED ACTIVITY  
IN LIEU OF DISCLOSURE REPORT**

**M.E.C. ID NO.** \_\_\_\_\_

1. DATE OF REPORT	OFFICE USE ONLY
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2. FULL NAME OF COMMITTEE	3. COMMITTEE MAILING ADDRESS	4. COMMITTEE TELEPHONE NUMBER
5. TREASURER'S NAME	6. TREASURER'S MAILING ADDRESS	7. TREASURER'S TELEPHONE NUMBER HOME: WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER	9. DEPUTY TREASURER'S MAILING ADDRESS	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: WORK:

11. DATE OF ELECTION	12. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL	13. TIME PERIOD COVERED BY THIS STATEMENT FROM THROUGH
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14. IF CANDIDATE COMMITTEE, LIST CANDIDATE'S NAME, OFFICE SOUGHT, POLITICAL SUBDIVISION  <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	15. TYPE OF REPORT: <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 8 DAYS BEFORE ELECTION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT JAN 15 APRIL 15 JULY 15 OCT 15 <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> <input type="checkbox"/> 15 DAY AFTER CAUCUS NOMINATION <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE
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16. TREASURER'S STATEMENT I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.          TREASURER'S SIGNATURE  _____	17. CANDIDATE'S STATEMENT (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT NEITHER THE AGGREGATE AMOUNT OF CONTRIBUTIONS RECEIVED NOR THE AGGREGATE AMOUNT OF EXPENDITURES MADE BY THE COMMITTEE EXCEEDED FIVE HUNDRED DOLLARS NOR WAS AN AGGREGATE AMOUNT EXCEEDING THE AGGREGATE AMOUNT ALLOWED BY STATUTE RECEIVED FROM ANY SINGLE CONTRIBUTOR DURING THE REPORTING PERIOD STATED IN ITEM 13 ABOVE.          CANDIDATE'S SIGNATURE  _____
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# COMMITTEE STATEMENT OF LIMITED ACTIVITY INSTRUCTIONS

FORM CD-LA

**PURPOSE:** Form CD-LA can be filed in place of a full committee disclosure report for those reporting periods during which a committee has little or no financial activity. Any contributions received or expenditures made which are not reported because this statement is filed in lieu of a disclosure report must be included in the next full disclosure report filed by the committee.

**ELIGIBILITY:** In general, a committee may file Form CD-LA instead of a full disclosure report for any reporting period in which the committee neither received contributions nor made expenditures totaling more than \$500 nor received contributions aggregating more than \$250 from a single contributor. Form CD-LA **cannot** be filed in any of the following cases:

- In lieu of the 30 Day After Election Report if the committee has a deficit of more than \$1,000;
- In place of two or more consecutive reports if either the contributions received or expenditures made in the aggregate during those reporting periods exceed \$500.

## CONTENT OF FORM:

**Item 1:** Enter the date the statement is being filed.

**Item 2:** Enter the committee's full name.

**Item 3:** Enter the committee's mailing address (if any).

**Item 4:** Enter the committee's telephone number (if any).

**Item 5:** Enter the full name of the committee treasurer.

**Item 6:** Enter the treasurer's mailing address.

**Item 7:** Enter the treasurer's home and work telephone numbers.

**Item 8:** Enter the deputy treasurer's name or check the box provided if the committee has not assigned a deputy treasurer.

**Item 9:** Enter the deputy treasurer's mailing address (if any).

**Item 10:** Enter the deputy treasurer's home and work telephone number (if any).

**Item 11:** Enter the date of the election for which this statement is being filed.

**Item 12:** Indicate the type of election for which this statement is being filed.

**Item 13:** Enter the opening and closing dates of the period covered by this statement.

**Item 14:** (Candidate Committees Only) - Enter the candidate's name, office sought, political subdivision, and political party affiliation.

**Item 15:** Indicate the type of report this statement is being filed in lieu of.

**Item 16:** The treasurer must sign this statement.

**Item 17:** (Candidate Committees Only) - The candidate must sign this statement.

## MISSOURI ETHICS COMMISSION

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(800) 392-8660

CONTACT THE MISSOURI ETHICS  
COMMISSION OR YOUR LOCAL ELECTION  
AUTHORITY FOR FURTHER INFORMATION